
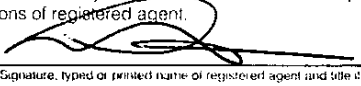
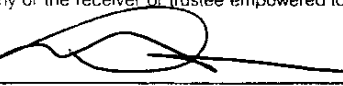


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90293 035 ****55.00

DOCUMENT # L99000004570 1. Entity Name SHERIDAN 75, L.L.C.					
Principal Place of Business AMERITY & INVESTMENTS, INC. 2501 E. COMMERCIAL BLVD. SUITE 205 FT LAUDERDALE FL 33308-4127 US			Mailing Address AMERITY & INVESTMENTS, INC. 2501 E. COMMERCIAL BLVD. SUITE 205 FT LAUDERDALE FL 33308-4127 US		
2. Principal Place of Business 1375 West Hillsboro Blvd. Suite, Apt. #, etc.		3. Mailing Address 1375 West Hillsboro Blvd. Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)	
City & State Deerfield Beach FL		City & State Deerfield Beach, FL		4. FEI Number 65-0946119	
Zip 33442 Country Broward		Zip 33442 Country Broward		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STOCKAMORE, RICK G 2501 E. COMMERCIAL BLVD. SUITE 205 FT LAUDERDALE FL 33308-4127				7. Name and Address of New Registered Agent Name Larry W. Anderson Street Address (P.O. Box Number is Not Acceptable) 1375 West Hillsboro Blvd. City Deerfield Beach FL Zip Code 33442	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  LARRY W. ANDERSON PARTNER 3-10-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOR-ALL SHERIDAN LLP 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  LARRY W. ANDERSON PARTNER 3-6-06 954-421-7888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					